



2007 Special Topic Solicitation: Public Health Systems Research

The Robert Wood Johnson Foundation (RWJF), through its Changes in Health Care Financing and Organization (HCFO) Initiative, has issued a special topic solicitation on Public Health Systems Research (PHSR). This is the third year that the Foundation has solicited PHSR applications.¹ It is expected that another solicitation will be released next year.

Public Health Systems Research (PHSR) is a field of inquiry examining the organization, financing, and delivery of public health services at local, state, and national levels, and the impact of these activities on population health. This research informs public health practice, advocacy, and policy. There are fundamental questions yet to be addressed in understanding the public health system; thus, RWJF is committed to investing in PHSR in order to build the evidence base.

Framework

Our nation's public health system is faced with modern-day challenges, including high rates of chronic diseases such as obesity and heart disease; threats to the safety of our nation's food supply, as evidenced by the recent *E.coli* outbreaks; infectious diseases like SARS and avian flu; and bioterrorism. By enhancing our understanding of the demands placed on public health systems, the services they provide, and the capacity, funding, and organizational structures needed to support them; we can identify gaps, seek solutions, improve performance, and ultimately better the public's health.

Research Questions

This solicitation seeks research that contributes to the evidence base at the systems level. Research that identifies facilitators of, impediments to, and strategies for the successful implementation of public health practice interventions is not a high priority at this time. Though not a comprehensive list, a number of research questions that have been identified as priorities for the field are stated below.

How does the organization of the public health system affect its ability to effectively and efficiently provide services? What determines a public health system's capacity to control chronic disease, to react to threats to the public's safety, to prevent infectious disease, and to prepare for and respond to bioterrorism?

- ◆ How are gaps in the system's capacity identified? How can identification of gaps enhance the function of the public health system?
- ◆ How well do the different actors within the public health system communicate? What channels of communication or system structures can enhance system functioning and efficiency? What information mechanisms can enhance surveillance? What are the primary focus areas of communication in the system between the federal, state, and local levels and describe any shifts?

- ◆ Do people living in states with many decentralized local and municipal public health agencies receive better health protection and promotion than those living in states served by centralized state agencies responsible for all areas of the state?
- ◆ How does the placement of public health agencies within state government affect their ability to successfully implement policies and programs? Is there a relationship between agency performance and placement in state government?

How are public health systems financed? How do resource allocation decisions affect public health practice and population health? What are some potential analytical methods and data sources for assessing financial performance in public health?

- ◆ Given inadequate funding, how do public health agencies determine the allocation of resources among many priorities? Are some types of allocation mechanisms associated with improved population health? What are some potential data sources for assessing financial performance in public health?
- ◆ Is the allocation of resources commensurate with identified public health needs and established priorities? What impact do need-based vs. performance-based funding formulae have on public health practice and outcomes?
- ◆ How do categorical funding streams influence system-wide communication and performance?
- ◆ Does the source of funding (e.g. property tax vs. other sources) influence the responsiveness of the public health system or its impact on health outcomes?
- ◆ Is there an alignment of federal, state, and local funding priorities? What is the relationship of macro and micro level funding priorities?

Do public health systems partners acknowledge existence of a system and can they identify their role within that system? How can these partnerships be leveraged to enhance performance?

- ◆ What partnerships between public and private entities support improved public health and more efficient delivery of services? What innovative methods do health agencies employ to coordinate services with non-governmental organizations? What services are more effectively delivered via a partnership model?

1. Visit http://www.hcfo.net/phsr_grants.htm for descriptions of research funded through the previous two rounds of solicitations.

- ◆ How are community organizations engaged in public health partnerships? What are the features of innovative partnerships among groups that service minority or vulnerable populations?
- ◆ What factors/models promote state and local collaboration aimed at increasing performance and impacting community health outcomes?

What is the relationship between public health workforce distribution and performance?

- ◆ What training needs are required and how are they delivered? How can public health agency leadership improve retention and recruitment?
- ◆ What are barriers to entry into public health professions by minority/unrepresented populations? What are effective models for attracting students to public health careers early in their educational experience?
- ◆ Is there a link between system performance and the distribution of public health staffing for a given service? What are the public health workforce capacity needs to implement/maintain enhanced surveillance systems?

What are the legal roles and responsibilities governing public health practice? In response to modern public health challenges, what changes need to be made to better understand and enhance these roles and responsibilities?

- ◆ What legal authority is accorded public health agencies? How is that authority interpreted by policymakers? How do differences in this authority, and the interpretation of it, affect public health system performance? What are the economic and performance impacts (positive or negative) of consolidation policies/laws?
- ◆ What variations exist in state public health law? How does this variation affect regional and coordinated responses to public health threats? How flexible and adaptable are these laws and the systems governed by them?

How is quality in public health practice defined and measured? What factors contribute to gaps and variations in quality? What strategies are effective in improving the quality and outcomes of practice?

- ◆ What organizational, financial, and workforce characteristics influence the adoption of evidence-based interventions and adherence to recommended guidelines in public health practice settings?
- ◆ How can quality improvement methods employed by public health systems enable them to adapt to emerging needs and expanding roles? Do QI collaboratives, academic detailing, accreditation standards, or performance-based funding mechanisms stimulate improvements in practice? What are metrics useful in assessing system progress towards meeting National Health Security goals?

Application Criteria

All projects will begin on January 1, 2008. There is no predetermined dollar amount or specific duration for grants; however, the majority of grants will be under \$200,000. Researchers should have a demonstrated track record in public health systems research, political science, law, health services research, organizational behavior, financing, or economics. Researchers without substantial experience in public health systems research but who have experience in policy-relevant research are encouraged to apply. Junior researchers may apply as the principal investigator. To be competitive, the proposal must provide evidence that there is sufficient senior research oversight and support.

Application Procedure

This solicitation is open to all qualified applicants. Unlike the general HCFO grantmaking process, this solicitation features a batched application process. Therefore, all proposals submitted under this solicitation will be reviewed simultaneously and competitively.

All applicants are required to submit a brief proposal on or before April 11, 2007. Please follow the application instructions on the HCFO website, www.hcfo.net, for submitting brief proposals. As noted in the instructions, brief proposals should be no more than 4 pages, and should include a brief description of the proposed research, an estimated budget and timeframe, and the qualifications of the principle investigator(s).

Upon review of the brief proposals, projects will be selected in May and invited to submit full proposals. Please do not submit a full proposal unless invited to do so. Full proposals submitted under this solicitation should also follow the application instructions on the HCFO website, www.hcfo.net, for submitting full proposals. Full proposals are due on or before June 27, 2007.

Proposals will be evaluated on the:

- ◆ degree to which the project addresses the most critical issues relating to public health systems;
- ◆ degree to which the findings are policy relevant and useful to public health practitioners and decision makers;
- ◆ the appropriateness and feasibility of the methodology (including access to relevant data);
- ◆ uniqueness of the project and potential contribution to building the evidence-base for public health systems research; and
- ◆ experience and qualifications of the project team and their commitment to carrying out the proposed tasks.

For questions, please contact Sharon Arnold, Ph.D., Director, HCFO Initiative.

